

# Indiana Patient Registry Training

Demographics

Important patient and incident information is needed for this tab. This tab must be saved before you are allowed to move to any of the other tabs.

# Demographics Screen

The screenshot shows a web-based form titled "Demographics Screen". At the top, there is a navigation bar with tabs: Demographics, Injury, Pre-Hospital, Referring, ED / Acute Care, Initial Assessment, Diagnosis, Comorbidity, Procedures, and Complications / PI. The "Demographics" tab is highlighted with a red circle. Below the tabs, the form is titled "Edit Incident » Trauma Incident Form (Full Record) » IT-120813-116". The form contains several sections: "Medical Record Number" (123456789), "Trauma Registry" (IT-120813-116), "Injury Date" (Incident Date and Time), "Patient Information" (Last Name, Patient's First Name, Middle Initial, Social Security #, Date of Birth, Age, Race, Ethnicity, Gender, Height, Weight, Address, Country, Favorite Locations, Postal Code, Alternate Residence, and Facility Defined Questions). The "Race" dropdown menu is open, showing options: American Indian, Asian, Black or African American, Native Hawaiian or Other Pacific Islander, and Other Race. The "Country" dropdown menu is set to "United States". The "Postal Code" is 47130. The "Alternate Residence" is set to "Not Applicable". The "Facility Defined Questions" section has a question "Was this a gunshot wound?" with a dropdown menu set to "----Select One----". At the bottom right, there are "Save" and "Save and Continue" buttons.

As a user, you know you are on the “Demographics” tab when the tab is highlighted. The information on the screen should be the same as what you see here. The form is divided into tabs and you can enter information at a later time if necessary. As each tab is completed, the validity score for that particular incident increases.

## Demographics Screen (2)

Demographics
Injury
Pre-Hospital
Referring
ED / Acute Care
Initial Assessment
Diagnosis
Comorbidity
Procedures
Complications / PI
C

Edit Incident » Trauma Incident Form (Full Record) » IT-120813-116
Mark As

Medical Record Number
123456789
Trauma Registry #
IT-120813-116

Injury Date
Incident Date
Time

Patient Information
Last Name
Patient's First Name
Middle Initial
Social Security #
SSN is not available
Date of Birth
01 / 01 / 1990
Age (at date of incident):
Age Units:
Not Applicable
Race:
American Indian
Asian
Black or African American
Native Hawaiian or Other Pacific Islander
Other Race
Selection is limited to 2
Ethnicity:
Not Hispanic or Latino
Gender:
Female

The first data element on the “Demographics” tab is the “Medical Record Number” element (TR1.2). This is defined as the unique incident number associated with the local trauma registry which can be used for linkage at a later date. This number is typically auto-generated with the hospital trauma registry record. This is an optional state data element.

The data element next to the Medical Record Number is the “Trauma Registry #” element. This is auto-generated by ImageTrend and provides a unique incident number associated with the state trauma registry.

# Demographics Screen – Injury Date

Demographics   Injury   Pre-Hospital   Referring   ED / Acute Care   Initial Assessment   Diagnosis   Comorbidity   Procedures   Complications / PI   C

• Edit Incident » Trauma Incident Form (Full Record) » IT-120813-116 Mark As

Medical Record Number 123456789   Trauma Registry # IT-120813-116

**Injury Date**

Incident Date  Time

**Patient Information**

Last Name    Social Security #  SSN is not available

Patient's First Name    Middle Initial

Date of Birth 01 / 01 / 1990   Age (at date of incident):    Age Units: Not Applicable   Ethnicity: Not Hispanic or Latino   Gender: Female

Race: American Indian  
Asian  
Black or African American  
Native Hawaiian or Other Pacific Islander  
Other Race  
Selection is limited to 2

The “Injury Date” element (TR5.1) is defined as the date the injury occurred. You should type this number in as MM/DD/YYYY. This is a national and state data element.

## Demographics Screen – Injury Date (2)

Demographics Injury Pre-Hospital Referring ED / Acute Care Initialia

► Edit Incident » Trauma Incident Form (Full Record) » IT-120813-116

Medical Record Number 123456789 Trauma Registry # IT-120813-116

State of Indiana [US] https://indi

Calendar - Google Ch...

November - 2013

Sun	Mon	Tue	Wed	Thu	Fri	Sat
					1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30

Time \*

Social Security #

SSN is not avai

Middle Initial

Date of Birth 01 / 01 / 1990 \*

Age (at date of incident): \*

Age Units: Not Applicable

If you would prefer not to type the date in, click on the calendar icon and select a date.

## Demographics Screen – Injury Date (3)

Demographics Injury Pre-Hospital Referring ED / Acute Care Initial Assessment Diagnosis Comorbidity Procedures Complications / PI

• Edit Incident » Trauma Incident Form (Full Record) » IT-120813-116 [Mark As](#)

Medical Record Number 123456789 Trauma Registry # IT-120813-116

**Injury Date**

Incident Date  Time  

**Patient Information**

Last Name  Social Security #  ☐ SSN is not available

Patient's First Name

Middle Initial

Date of Birth 01 / 01 / 1990 Age (at date of incident):

Age Units: Not Applicable Gender: Female

Race:  American Indian  
Asian  
Black or African American  
Native Hawaiian or Other Pacific Islander  
Other Race

Selection is limited to 2

The “Injury Time” element (TR5.18) is defined as the time the injury occurred. You should type this number in as HHMM and it is collected in military time. This is a national and state data element.

The purple clock icon is the “Date/Time Helper” tool that will allow you to capture the dates of specific activities all at once. You can always go back and change this information as you complete the patient form, but it helps reduce the number of times you have to enter the date and time.

## Demographics Screen – Date/Time Helper

**Auto Populate Date Fields**

Incident Date

This date/time will be used to auto-populate the fields listed below.  
(Click on the Label to populate)

	Dates	Times
Date Arrived in ED/Acute Care	<input type="text"/>	<input type="text"/>
Date Discharged from ED	<input type="text"/>	<input type="text"/>
Date Sent To CT	<input type="text"/>	<input type="text"/>
Abdominal Ultrasound Date	<input type="text"/>	<input type="text"/>
Date Trauma Team Activated	<input type="text"/>	<input type="text"/>
Blood Ordered Date	<input type="text"/>	<input type="text"/>
Crossmatch Date	<input type="text"/>	<input type="text"/>
Blood Administered Date	<input type="text"/>	<input type="text"/>

You can click into any date field to change to a different date or to delete the auto-populate

Save Close

Favorite Locations

When you click on the purple clock icon, the “Auto Populate Data Fields” box appears. To auto-populate the “Date Arrived in the ED/Acute Care” date and time, click on the title of the data element and you will see the Date and Time appear. You can also manually enter each date and time. Once you are done, click “Submit”.

# Demographics Screen – Patient Information

**Patient Information**

Last Name

Patient's First Name

Middle Initial

Date of Birth  /  /

Age (at date of incident):

Age Units:

Race:   
Asian  
Black or African American  
Native Hawaiian or Other Pacific Islander  
Other Race  
Selection is limited to 2

Ethnicity:

Gender:

Height in inches:

Height:

Estimated Body Weight:  lbs  Kg

Address

Country:

Favorite Locations

Postal Code

☐ Add to Favorite Locations

City  County  State

Alternate Residence

Would you like to participate in the follow up survey?

Facility Defined Questions

Was this a gunshot wound?

The “Last Name” element (TR1.9) is defined as the patient’s last name. This is an optional state element.

The “First Name” element (TR1.8) is defined as the patient’s first name. This is an optional state element.

The “Middle Initial” element (TR1.10) is defined as the patient’s middle initial.



## Demographics Screen – Patient Information (2)

**Patient Information**

Last Name  Social Security #  ☐ SSN is not available

Patient's First Name

Middle Initial

Date of Birth  /  /  Age (at date of incident):  Age Units:

Race:  Ethnicity:  Gender:

Height in inches:  Height:  Estimated Body Weight:  lbs  Kg

Address  Favorite Locations

Country  Postal Code

☐ Add to Favorite Locations

City  County  State

Alternate Residence

Would you like to participate in the follow up survey?

Facility Defined Questions

Was this a gunshot wound?

The “Social Security #” element (TR1.11) is defined as the patient’s social security number. All 4 data elements: Last Name, First Name, Middle Initial, and SSN are key to marrying data between other databases, such as EMS data and Hospital Discharge data.

The “Date of Birth” element (TR1.7) is defined the patient’s date of birth. This data element is also key to marrying data between other databases, such as EMS data and Hospital Discharge data. This is a national and state data element.

## Demographics Screen – Patient Information (3)

**Patient Information**

Last Name  Social Security #   
 Patient's First Name  ☐ SSN is not available  
 Middle Initial

Date of Birth 01 / 01 / 1990 Age (at date of incident):  Age Units: Not Applicable  
 Race: American Indian, Asian, Black or African American, **Native Hawaiian or Other Pacific Islander**, Other Race  
 Selection is limited to 2  
 Ethnicity: Not Hispanic or Latino Gender: Female

Height in inches:  Height:  Estimated Body Weight:  lbs  Kg  
 Address  Favorite Locations   
 Country: United States Postal Code: 47130  
☐ Add to Favorite Locations  
 City: Jeffersonville County: Clark State: Indiana **Lookup**

Alternate Residence: Not Applicable  
 Would you like to participate in the follow up survey? No

**Facility Defined Questions**  
 Was this a gunshot wound? ----Select One----

The “Age” element (TR1.12) is defined as the patient’s age at the date of the incident. This value is auto-generated in years if the patient’s date of birth was entered. This is a national and state data element.

The “Age Unit” element (TR1.14) is used to document the patient’s age in years, months, days, or hours. This value is defaulted to “Years”. This is a national and state data element.

## Demographics Screen – Patient Information (4)

**Patient Information**

Last Name  Social Security #   
SSN is not available

Patient's First Name

Middle Initial

Date of Birth  /  /  Age (at date of incident):   
Age Units:

Race:   
American Indian  
Asian  
Black or African American  
Native Hawaiian or Other Pacific Islander  
Other Race  
Selection is limited to 2

Ethnicity:  Not Hispanic or Latino

Gender:  Female

Other Race

Height in inches:  Height:

Estimated Body Weight:  lbs  Kg

Address

Country:  United States

Favorite Locations

Postal Code  47130

☐ Add to Favorite Locations

City  Jeffersonville County  Clark State  Indiana

Alternate Residence  Not Applicable

Would you like to participate in the follow up survey?  No

**Facility Defined Questions**

Was this a gunshot wound?  ----Select One----

The “Race” element (TR1.16) is defined as the patient’s race. If you want to select more than one race, you must hold down the shift key and select up to two options. This is a national and state data element.

If “Other Race” is selected in the “Race” element, a new data element, “Other Race” (TR1.28) will appear on the form that will allow you to textually enter the patient’s race.

## Demographics Screen – Patient Information (5)

**Patient Information**

Last Name

Patient's First Name

Middle Initial

Social Security #

☐ SSN is not available

Date of Birth  01 /  01 /  1990

Age (at date of incident):

Age Units:  Not Applicable

Race:  American Indian  
Asian  
Black or African American  
Native Hawaiian or Other Pacific Islander  
Other Race  
Selection is limited to 2

Other Race

Height in inches:

Height:

Estimated Body Weight:  lbs  Kg

Ethnicity:  Not Hispanic or Latino

Gender:  Female

Address

Country:  United States

Favorite Locations

Postal Code:  47130

☐ Add to Favorite Locations

City:  Jeffersonville County:  Clark State:  Indiana

Alternate Residence:  Not Applicable

Would you like to participate in the follow up survey?  No

Facility Defined Questions

Was this a gunshot wound?  ----Select One----

The “Ethnicity” element (TR1.17) is defined as the patient’s ethnicity. This is a national and state data element.

The “Gender” element (TR1.15) is defined as the patient’s gender. This is a national and state data element.

The “Height in Inches” element (TR1.6.1) is defined as the patient’s first recorded height in inches upon ED/hospital arrival. If the height is entered in inches, it will automatically calculate the height in centimeters (TR1.6). This is a national and state data element.

## Demographics Screen – Patient Information (6)

**Patient Information**

Last Name

Patient's First Name

Middle Initial

Social Security #

☐ SSN is not available

Date of Birth  /  /

Age (at date of incident):

Age Units:

Race:

American Indian  
Asian  
Black or African American  
Native Hawaiian or Other Pacific Islander  
Other Race

Selection is limited to 2

Other Race

Height in inches:

Height:

Estimated Body Weight:  lbs  Kg

Ethnicity:

Not Hispanic or Latino

Gender:

Female

Address

Country

United States

Favorite Locations

Postal Code

47130

☐ Add to Favorite Locations

City  County  State

Jeffersonville Clark Indiana

Lookup

Alternate Residence

Not Applicable

Would you like to participate in the follow up survey?

No

Facility Defined Questions

Was this a gunshot wound?

....Select One....

Save Save and Continue

The “Estimated Body Weight” element (TR1.6.5) is defined as the measured or estimated baseline weight (in pounds). If the patient’s weight is entered in pounds, the registry will automatically calculate the patient’s weight in kilograms. This is a national and state data element.

The “Address” element is the home street address of the patient’s primary residence.

## Demographics Screen – Patient Information (7)

**Patient Information**

Last Name  Social Security #   
SSN is not available

Patient's First Name

Middle Initial

Date of Birth  /  /  Age (at date of incident):   
Age Units:

Race:  Ethnicity:  Gender:   
Selection is limited to 2

Other Race

Height in inches:  Height:  Estimated Body Weight:  lbs  Kg

Address  Favorite Locations

Country  Postal Code

☐ Add to Favorite Locations  
City  County  State

Alternate Residence

Would you like to participate in the follow up survey?

**Facility Defined Questions**

Was this a gunshot wound?

It is highly recommended to set up several “Favorite Locations” to quickly fill in the information regarding the patient’s city, county, state, and zip code. If you already have locations set up, click on the drop-down menu to see the list.

The “Country” element (TR1.19) is defined as the patient’s country where they reside. The default country is “United States” and can be changed by clicking on the drop-down menu. This is a national and state data element.

## Demographics Screen – Patient Information (8)

**Patient Information**

Last Name

Patient's First Name

Middle Initial

Date of Birth  /  /

Age (at date of incident):

Age Units:

Race:

Other Race

Height in inches:

Height:

Estimated Body Weight:  lbs  Kg

Address

Country

Favorite Locations

Postal Code

Add to Favorite Locations ☐

City  County  State

Lookup

Alternate Residence

Would you like to participate in the follow up survey?

Facility Defined Questions

Was this a gunshot wound?

Save Save and Continue

The “Postal Code” element (TR1.20) is defined as the patient’s home ZIP code of primary residence. When the Postal Code is entered, it will auto-generate the patient’s city, county, and state. If zip code is “Not Applicable”, complete element “Alternate Residence”. If zip code is “Not Recorded/Not Known”, complete elements: Patient’s Home State, County, and City. This is a national and state data element.

When the Postal Code is entered, it will auto-generate the patient’s city, county, and state. You have the option to “Add to Favorite Locations” in order to make the ZIP code, city, county, and state a part of the “Favorite Locations” drop-down menu in the future.

## Demographics Screen – Patient Information (9)

**Patient Information**

Last Name

Patient's First Name

Middle Initial

Date of Birth  /  /

Age (at date of incident):

Age Units:

Race:

Other Race

Height in inches:

Height:

Estimated Body Weight:  lbs  Kg

Address

Country

Favorite Locations

Postal Code

Add to Favorite Locations ☐

City  County  State

Lookup

Alternate Residence

Would you like to participate in the follow up survey?

Facility Defined Questions

Was this a gunshot wound?

Save Save and Continue

The “City” element (TR1.21) is defined as the patient’s home city (or township, or village) of residence. When the “Postal Code” element is entered, it will auto-generate the patient’s city. It will also auto-generate the patient’s county and state. This is a national and state data element.

The “County” element (TR1.22) is defined as the patient’s home county (or parish) of residence. When the “Postal Code” element is entered, it will auto-generate the patient’s county. It will also auto-generate the patient’s city and state. This is a national and state data element.



## Demographics Screen – Patient Information (10)

**Patient Information**

Last Name  Social Security #   
SSN is not available

Patient's First Name

Middle Initial

Date of Birth  /  /  Age (at date of incident):   
Age Units:

Race:   
American Indian  
Asian  
Black or African American  
Native Hawaiian or Other Pacific Islander  
Other Race  
Selection is limited to 2

Ethnicity:  Not Hispanic or Latino

Gender:  Female

Other Race

Height in inches:  Height:

Estimated Body Weight:  lbs  Kg

Address

Country:  United States

Favorite Locations

Postal Code  47130

☐ Add to Favorite Locations

City  Jeffersonville County  Clark State  Indiana

Lookup

Alternate Residence  Not Applicable

Would you like to participate in the follow up survey?  No

Facility Defined Questions

Was this a gunshot wound?  ----Select One----

Save Save and Continue

The “State” element (TR1.23) is defined as the state (territory, province, or District of Columbia) where the patient resides. When the “Postal Code” element is entered, it will auto-generate the patient’s state. It will also auto-generate the patient’s city and county. This is a national and state data element.

The “Lookup” function allows you to search for information regarding the patient’s residential location based on the information you know.

## Demographics Screen – Lookup

Social Security #

**Lookup**

To search for a location, enter as much information as known and click on the "Search" button. Click on the location desired to populate the run form.

State

County

City

Postal Code:

City	County	State ▲	Postal Code
Adams (County)	Adams	IN	
Berne	Adams	IN	46711
Berne	Adams	IN	46769
Bingen	Adams	IN	
Blue Creek (Township of)	Adams	IN	
Bobo	Adams	IN	
Ceylon	Adams	IN	46740
Coppess Corner	Adams	IN	46772
Decatur	Adams	IN	46733
Elm Tree Crossroads	Adams	IN	

Once you enter the information you know, click the "Search" button and it will generate a list of options. Clicking on the City will populate that information in to the run form.

## Demographics Screen – Patient Information (11)

**Patient Information**

Last Name  Social Security #   
SSN is not available

Patient's First Name

Middle Initial

Date of Birth  01 / 01 / 1990 Age (at date of incident):  Age Units:  Not Applicable

Race:  American Indian  
Asian  
Black or African American  
Native Hawaiian or Other Pacific Islander  
Other Race  
Selection is limited to 2

Ethnicity:  Not Hispanic or Latino Gender:  Female

Other Race

Height in inches:  Height:  Estimated Body Weight:  lbs  Kg

Address  Favorite Locations

Country  United States Postal Code  47130

☐ Add to Favorite Locations  
City  Jeffersonville County  Clark State  Indiana

Alternate Residence  Not Applicable

Would you like to participate in the follow up survey?  No

**Facility Defined Questions**

Was this a gunshot wound?  ----Select One----

The “Alternate Residence” element (TR1.13) is documentation of the patient without a home ZIP code. See your data dictionary for the definitions of each term in the drop-down menu.

The “Would you like to participate in the follow up survey” element is for patients who are interested in working with private investigators to provide research information regarding the short-term effects of certain injuries.

# Demographics Screen – Save & Continue

**Patient Information**

Last Name

Patient's First Name

Middle Initial

Social Security #

☐ SSN is not available

Date of Birth  /  /

Age (at date of incident):

Age Units:

Race:

Selection is limited to 2

Other Race

Height in inches:

Height:

Estimated Body Weight:  lbs  Kg

Ethnicity:

Gender:

Address

Country:

Favorite Locations

Postal Code:

☐ Add to Favorite Locations

City:  County:  State:

Alternate Residence:

Would you like to participate in the follow up survey?

**Facility Defined Questions**

Was this a gunshot wound?

Click the “Save and Continue” button to save the information just entered and to continue to the next tab. Clicking the “Save” button will save the information, but you will not progress to the next tab.